



Development Services Division
 620 SE Madison, Unit 6
 Topeka, Ks, 66607
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DEVELOPMENT SERVICES USE ONLY

DATE: _____ FEE: \$ _____

APPLICATION # _____

Board of Building & Fire Appeals Appeal Application

Street Address of related project/structure: _____

Business/Tenant name: _____

Owner of property/structure:

 Owner street address: _____
 City/State/Zip: _____
 Email: _____
 Phone number : _____ Fax: _____

Applicant:

 Applicant street address: _____
 City/State/Zip: _____
 Email: _____
 Phone number: _____ Fax: _____

Code(s) and edition(s): _____

Code section(s)* being appealed: _____
 (* Please attach a copy of the relevant code section(s))

Building or space use: _____

Occupancy classification: _____ Type of construction: _____

Building height in stories: _____ Location in building: _____

Describe or attach a detailed description of the proposed appeal:

Describe or attach a detailed description of how alternatives or methods meet the intent of the code:

Names and signatures of the owner and applicant are required for submittal of an appeal

(print owner name)

(owner signature)

Date

(print owner name)

(owner signature)

Date

INCLUSIONS:

- \$100 non-refundable filing fee required upon submittal of appeal
- 8 copies of the application with attachments